



# COB Claim Submission on the GHP Web Portal

For UB04 Institutional Claims WPC0BUB200-09

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Welcome to the WebEx training for COB Claim Submission on the GHP Web Portal for UB04 Institutional Claims. The pre-requisite for this course is:

- 1. You must have taken the UB04 Claim submission course.
- 2. You must work in an institutional facility setting.
- 3. All must be registered users

# **Learning Objectives**

- Access a UB04 institutional claim from the Web.
- ☐ Add the Institutional Claim Data A to the UB04.
- Add the information from the EOB to the UB04.
- ☐ Add the Diagnosis and Occurrence Codes to the Claim Data B on UB04.
- ☐ Add Insurance Data to UB04.
- Add Line Item Data to UB04.
- □ Submit your completed UB04 with COB information via Web.

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Slide 2

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# Topic of Discussion

- ☐ UB04 Institutional Claim
- Claim Data A Tab
- ☐ Claim Supplemental Insurance Info (EOB)
- Claim Data B Tab
- Insurance Data Tab
- ☐ Line Item Data Tab

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Slide 3

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# Information Required

Obtain the information to be entered on the claim.

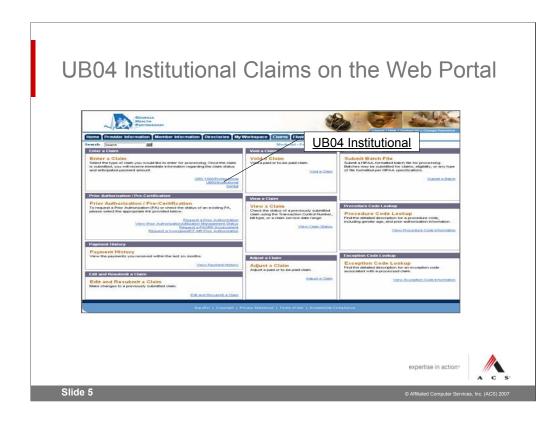
- The explanation of benefits (EOB) for the adjustment reason codes
- ☐ The COB payer identifier (Carrier Code)

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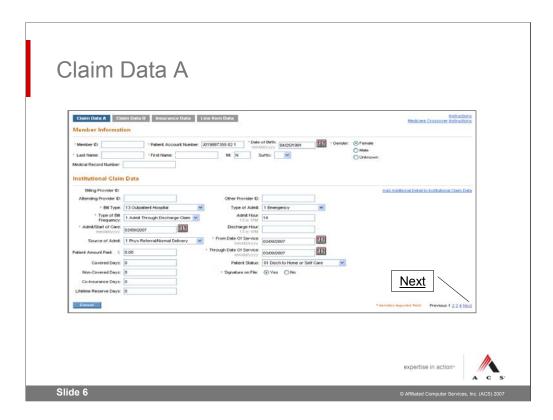


Slide 4

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Under enter a claim, click **UB04 Institutional**.



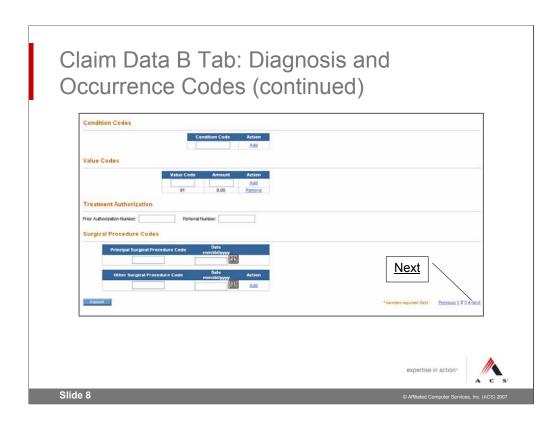
From the Claim Supplemental Information page:

- 1. Review information.
- 2. Enter any required fields needing changes.
- 3. Click Next.

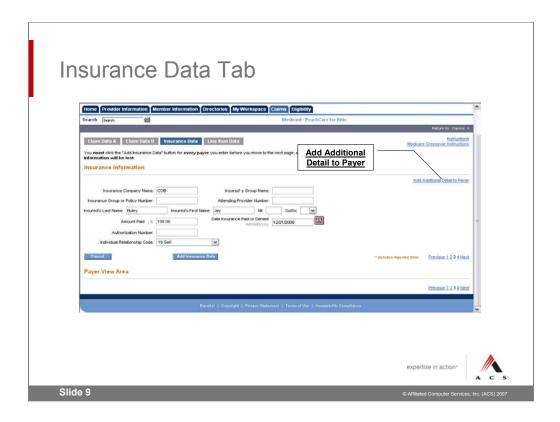
# Claim Data B Tab: Diagnosis and Occurrence Codes Claim Data B Insurance Data Une Rem Data Medicare Crossover Unit Medicare Cr

## Enter all required fields:

- Admitting Diagnosis Code
- Principal Diagnosis Code
- Any Additional Diagnosis Code
- Occurrence Codes
- Occurrence Code Date



- 1. Enter all required fields on your claim.
- 2. Click Next for Insurance Data.



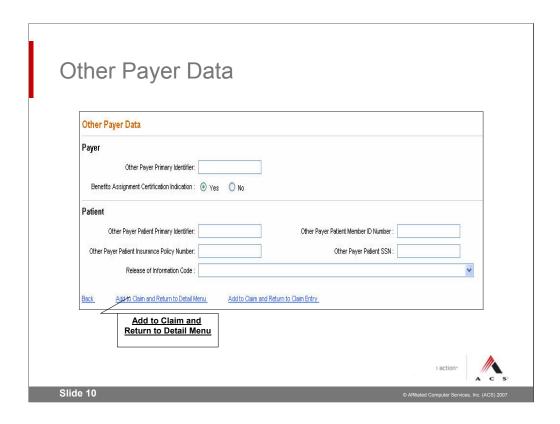
## 1. Enter all required fields:

- Insurance Company Name
- Insurance Group or Policy Number
- Insured's Last and First Name
- Amount Paid
- Date Insurance Paid or Denied
- Individual Relationship Code
- If applicable, <u>Authorization Number</u>

# 2. Click the **Add Additional Detail to Payer.**

# **Important**

You must click **Add Insurance Data** button for every payer you enter before you move the next page.

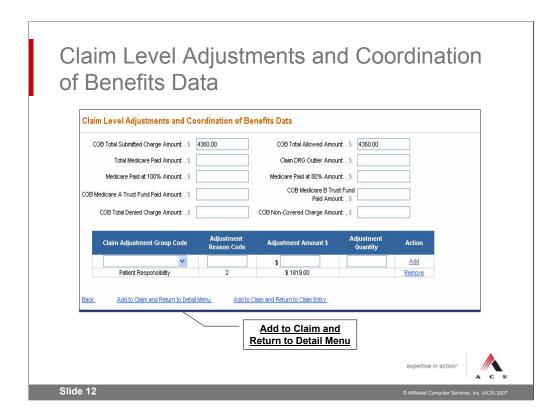


This is an additional claim data entry page:

- 1. Enter the <u>Other Payer Primary Identifier</u> field with the payer identifier information found on your COB Carrier Listing.
- 2. Click Add to Claim and Return to Detail Menu.

Insurance Data Tab (continued)  Claim Data A Claim Data B Insurance Data Line Hem Data Insurance Information Additional Detail Categories	
These are the additional HIPAA data content fields that you may need to enter as part of your UB92/Institutional Claim.  Other Payer Data Claim Level Adjustments and Coordination of Benefits Data Other Subscriber Data Cther Payer Inpatient/Outpatient Adjudication Data  Back to Insurance Data	<u>s</u>
Slide 11	expertise in action*  A C S:  © Affiliated Computer Services. Inc. (ACS) 2007

Click Claim Level Adjustments and Coordination of Benefits Data.



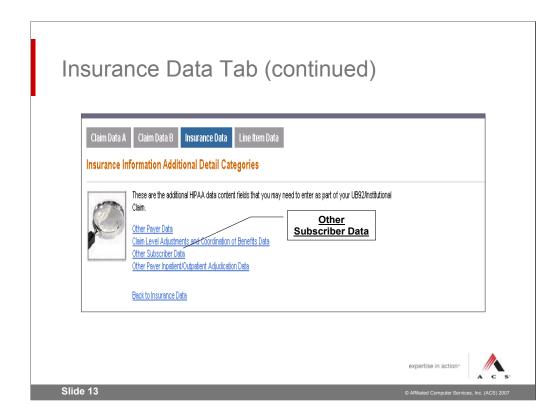
Enter all required fields or appropriate Claim Level Adjustments and Coordination of Benefits Data.

- <u>COB Total Submitted Charge Amount</u>: This amount is the Total Claim Level Submitted Charges for this claim to another payer.
- <u>COB Total Allowed Amount</u>: This is the Total Amount Allowed for this claim by another payer.
- Claim Adjustment Group Code: Required code that describes the general category of the payment adjustment.
- <u>Adjustment Reason Code:</u> Required Code that describes the detailed reason the adjustment was made. (From Other Insurance Remittance).
- Adjustment Amount: This is the total adjusted amount for this Claim
  Adjustment Group Code and Adjustment Reason Code at the claim level
  as provider by the other payer.

### Click Add.

### Important:

- 1. Complete the previous steps to enter additional adjustments
- Then Click <u>Add to Claim and Return to Detail Menu</u>.



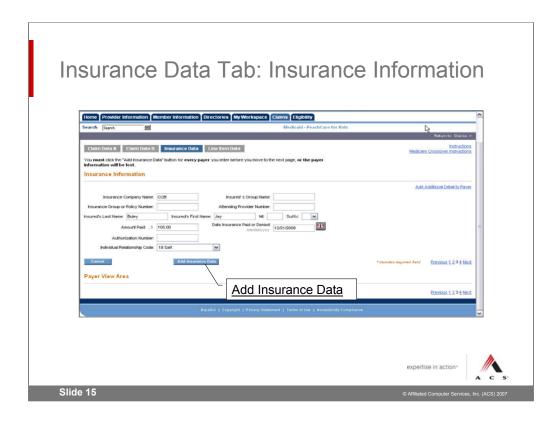
Click Other Subscriber Data.

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Other Insured Identifie Other Insured Date of Birt mrkdd/yyy	C Commercial Insurance Co.  1. 12/02/1995	M	
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Enter required fields from the other subscriber data:

- Payer Responsibility Sequence Number Code
- Claim Filing Indicator Code
- Other Insured Date of Birth

Click Add to Claim and Return to Claim Entry.



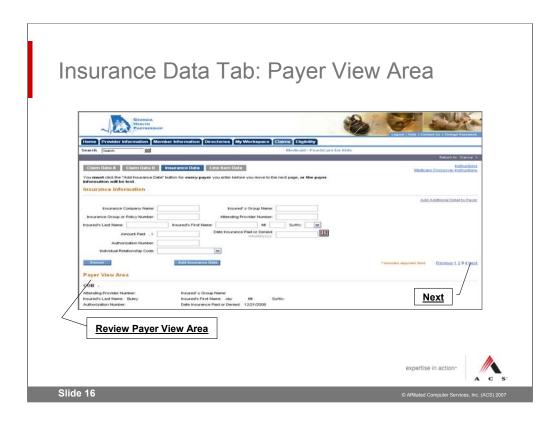
### 1. Review all fields:

- Insurance Company Name
- Insured's First and Last Name
- Amount Paid
- Insured Relationship Code

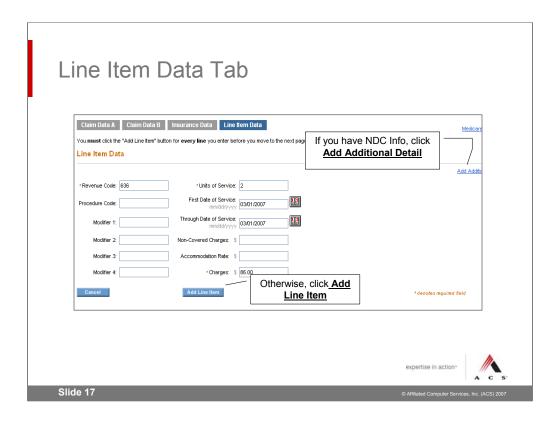
# 2. Click **Add Insurance Data**. (This is a required step.)

# **Important**

You must click **Add Insurance Data** button for every payer you enter before you move the next page.



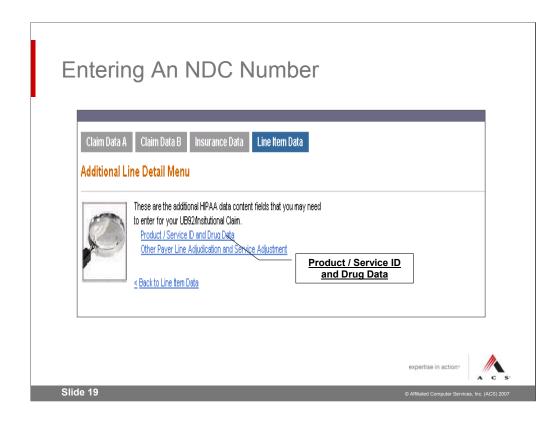
- 1. Review the Payer View Area information.
- 2. Apply changes if information is inaccurate.
- 3. Click Next.



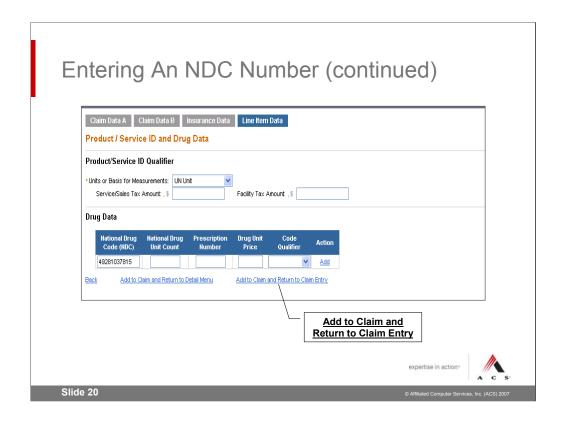
- 1. Enter all required fields:
  - Revenue Code
  - Units of Service
  - From and Through dates of service
  - Charge Amount
- 2. Click Add Line Item button if no NDC information needs to be added.

# Instructions to Enter Injectible Drugs/NDC Continue to Slide 26 if you are not entering Injectible Drugs/NDC. Expertise in action EXPERTISE IN ACCOMMENT OF AC

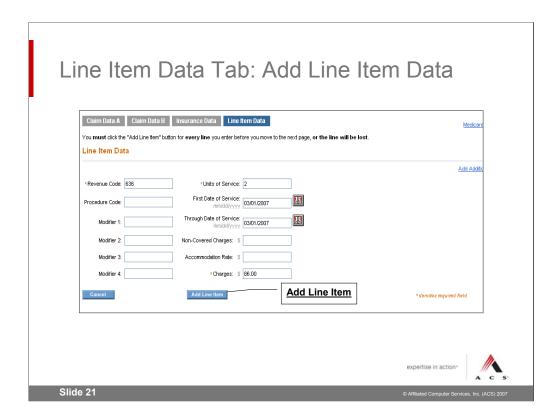
If you need to enter an NDC on the line item, follow the instructions on Slide 24 - 25.



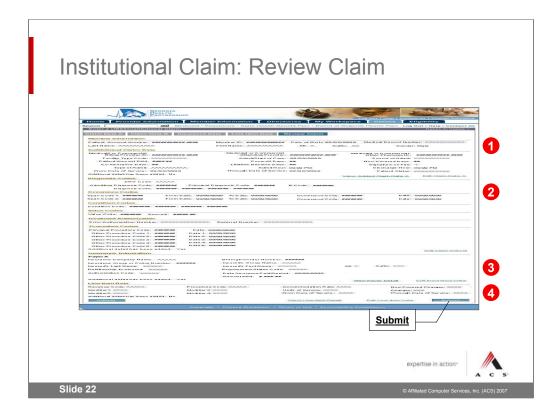
For the **Additional Line Detail Menu**, click **Product/Service ID and Drug Data**.



- 1. Enter required fields:
  - Units or Basis for Measurements
  - National Drug Code (NDC) Number without the dashes.
- Click Add to Click and Return to Claim Enter.



- 1. Enter all required fields:
  - · Revenue Code
  - Units of Service
  - Charge Amount
- 2. Click Add Line Item.



This review page is very similar to the CMS1500 review page, is divided into sections Four of information to include:

### 1. Patient Account Data

- Member information
- Institutional claim data

# 2. Diagnosis Codes

- Occurrence, Condition and Value codes
- Treatment authorization
- Procedure codes
- 3. Insurance Information; Payer detail

### 4. Line Item Data

- Revenue codes
- Procedure codes and Modifiers

If you find any data entry errors, you can use the **Edit** link to return to the appropriate data entry window to make changes. If all the data looks correct, click **Submit**.

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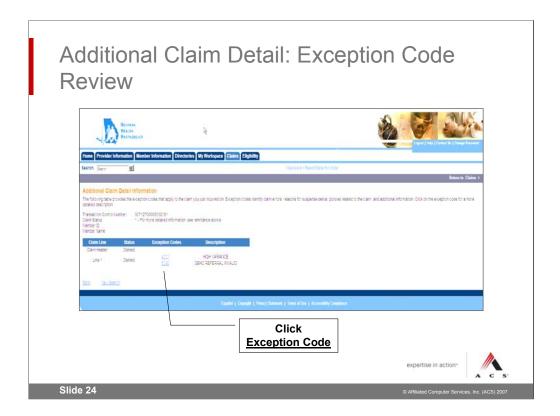
After submitting the claim, this page displays the following information:

- •Transaction Control Number (claim number)
- Status of the Claim
- •Exceptions that have posted to the claim

The hospitals that have high dollar claims can enter the claim, submit, review the exception codes, and resubmit until the claim pays.

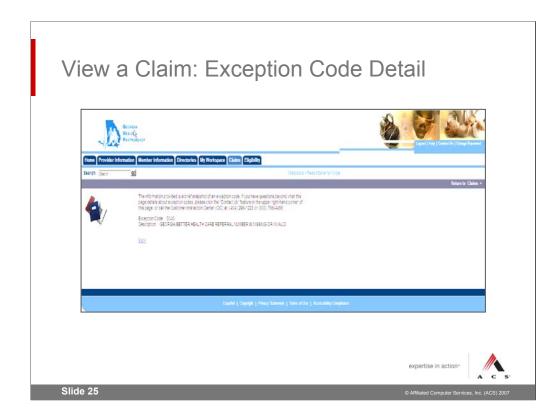
This will allow you to know exactly how much you will receive at the next payment cycle.

You can click  $\underline{\textbf{Return to Claims}}$  to review any claims .



The additional claim detail information table provides the exception code that apply to the claim.

•Click the **Exception Code**.



# When viewing a Claim:

- 1. Click **Back** to go back to the claim.
- 2. Compare the data you've entered with the patient data you have recorded.
- 3. Review the exception code 5040, and the explanation displayed as description.

